

Muscles of the Front of Forearm, Superficial Muscles, Deep Muscles

Muscles of the Front of Forearm

Overview

- The **anterior compartment of the forearm** contains **flexor and pronator muscles**.
- These muscles are arranged in **three layers**:
 1. **Superficial group**
 2. **Intermediate group** (Flexor digitorum superficialis)
 3. **Deep group**
- **Common origin:** *Medial epicondyle of humerus* via the **common flexor tendon**.
- **Nerve supply:** Mostly **median nerve** (C6–C8), except **flexor carpi ulnaris** and medial half of **flexor digitorum profundus** (ulnar nerve).
- **Main actions:** Flexion of wrist and digits, pronation of forearm.

I. Superficial Muscles

? **Mnemonic:** “Pass–Fail–Pass–Fail” (from lateral to medial)

P – Pronator teres

F – Flexor carpi radialis

P – Palmaris longus

F – Flexor carpi ulnaris

1. Pronator Teres

Origin

- *Humeral head*: Medial supracondylar ridge and common flexor origin.
- *Ulnar head*: Medial side of coronoid process of ulna.

Insertion

- Middle of lateral surface of radius.

Nerve Supply

- Median nerve (C6–C7).

Action

- Pronates forearm and assists in elbow flexion.

Clinical Note

- Median nerve passes between its two heads ? compression here causes **pronator syndrome**.

2. Flexor Carpi Radialis

Origin

- Common flexor origin from medial epicondyle of humerus.

Insertion

- Bases of 2nd and 3rd metacarpal bones.

Nerve Supply

- Median nerve (C6–C7).

Action

- Flexes and abducts wrist (radial deviation).

Clinical Note

- Used as a **guide to locate radial artery pulse** (artery lies lateral to its tendon).

3. Palmaris Longus

Origin

- Common flexor origin (medial epicondyle).

Insertion

- Flexor retinaculum and palmar aponeurosis.

Nerve Supply

- Median nerve (C7–C8).

Action

- Tenses palmar fascia and flexes wrist.

Clinical Note

- Absent in about **10–15% of individuals**; used for tendon grafts.

4. Flexor Carpi Ulnaris

Origin

- *Humeral head*: Medial epicondyle of humerus.
- *Ulnar head*: Olecranon and posterior border of ulna.

Insertion

- Pisiform, hook of hamate, and base of 5th metacarpal.

Nerve Supply

- Ulnar nerve (C7–C8).

Action

- Flexes and adducts wrist (ulnar deviation).

Clinical Note

- Only **superficial forearm flexor supplied by ulnar nerve**.
- Forms the **roof of ulnar nerve groove** at wrist.

II. Intermediate Muscle

Flexor Digitorum Superficialis

Origin

- *Humeroulnar head*: Medial epicondyle, ulnar collateral ligament, coronoid process.
- *Radial head*: Oblique line of radius.

Insertion

- By four tendons into the **middle phalanges** of medial four fingers (each splits into two slips at PIP joint).

Nerve Supply

- Median nerve (C7–T1).

Action

- Flexes **proximal interphalangeal joints** (PIP), also assists in wrist and MCP flexion.

Clinical Note

- Important test: isolate PIP joint movement while immobilizing others ? tests FDS integrity.

III. Deep Muscles

? Mnemonic: “F–F–P”

- Flexor digitorum profundus
- Flexor pollicis longus
- Pronator quadratus

1. Flexor Digitorum Profundus (FDP)

Origin

- Anterior and medial surfaces of ulna and interosseous membrane.

Insertion

- Bases of distal phalanges of medial four fingers.

Nerve Supply

- Medial half ? Ulnar nerve (C8–T1).
- Lateral half ? Anterior interosseous branch of median nerve (C8–T1).

Action

- Flexes **distal interphalangeal joints (DIP)**, assists in flexion of PIP and wrist joints.

Clinical Note

- Test: flex DIP joint while keeping PIP fixed ? tests FDP.

2. Flexor Pollicis Longus

Origin

- Anterior surface of radius and adjacent interosseous membrane.

Insertion

- Base of distal phalanx of thumb.

Nerve Supply

- Anterior interosseous nerve (C8–T1).

Action

- Flexes IP joint of thumb and assists in wrist flexion.

Clinical Note

- Involved in **tenosynovitis** of thumb (pain during thumb flexion).

3. Pronator Quadratus

Origin

- Distal fourth of anterior surface of ulna.

Insertion

- Distal fourth of anterior surface of radius.

Nerve Supply

- Anterior interosseous nerve (branch of median nerve).

Action

- **Chief pronator** of forearm (acts with pronator teres).
- Helps stabilize distal radioulnar joint.

Clinical Note

- Last muscle to be paralyzed in median nerve injury at forearm level.

Dissection of the Front of Forearm

Steps

1. Make a **midline incision** from elbow to wrist.
2. Reflect the skin and superficial fascia to expose:
 - *Median cubital vein* (in cubital fossa).
 - *Medial & lateral cutaneous nerves of forearm.*
3. Remove deep fascia ? identify **superficial muscles (Pass–Fail–Pass–Fail)**.
4. Reflect these muscles to expose:
 - **Flexor digitorum superficialis** ? intermediate layer.
 - Beneath it, note the **deep muscles (FDP, FPL, Pronator quadratus)**.
5. Identify **median nerve** between FDS and FDP; **ulnar nerve** between FCU and FDP.
6. Observe **radial and ulnar arteries** with their companion veins.